

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

18-4647

Solomon M Miller

Jennifer Dixon-Miller

(In the space above enter the full name(s) of the plaintiff(s) )

- against -

Flagship Credit Acceptance

Michael C Ritten

Rock's Auto Trust

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here )

**FILED**

NOV 01 2018

KATE BERKMAN, Clerk  
Dep. Clerk

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	Solomon M Miller/ Jennifer Dixon-Miller
	Street Address	5357 Belfield Avenue
	County, City	Philadelphia
	State & Zip Code	Pa 19144
	Telephone Number	(267) 226-4783 (267) 259-8027

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- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1                      Name Michael C Ritter CEO-Flafship Cerdit Acceptance  
    Street Address Po. Box 1419  
    County, City Chadds Ford  
    State & Zip Code Pa 19317

Defendant No. 2                      Name Turtle-Rolls Auto  
    Street Address 6547 Frankford Ave  
    County, City Philadelphia  
    State & Zip Code Pa 19135

Defendant No. 3                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 4                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)

\* ☐ Federal Questions                      ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? The 1st Amendment Guarantees freedoms concerning religion, expression, assembly  
and the right to petition to assemble and to petition the government for  
a redress of grievances

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 5357 Belfield Avenue  
Philadelphia, Pa 19144

B. What date and approximate time did the events giving rise to your claim(s) occur? Not Sure  
We believe it was sometime early morning on October 29, 2018

C. Facts: Mr. Solomon Miller & Miss Jennifer Dixon Miller entered into a fraudulent contract with  
Ross Auto/Flagship Credit Acceptance on August 26, 2017 Mr Solomon & Miss Miller had the car/suv  
a little over a year, they have paid approximately 7,762 dollars. on the Suv. Mr. Solomon  
& Miss Jennifer Dixon-Miller has recently changed the terms of the contract with Flagship Credit  
Acceptance Mr & Miss Miller has Tender Payment to Flagship Credit Acceptance for the total  
Amount (\$ 27,390.41). The tender of payment was made on september 16, 2018. Mr. Miller has  
recently received a letter from Flagship Credit Acceptance October 26, 2018 stating they will have  
to decline my tender of payment as this is a Government Obligation.  
In the middel of the night or early morning, they sent someone to take the SUV without our  
concent.  
The money order that was certified mailed ( 7018 1130 0000 5325 4493) with specific instructions  
on how to redeem the GOVERNMENT OBLIGATIONS REMITTANCE COUPON and laws of the  
United States is written on the GOVERNMENT OBLIGATIONS REMITTANCE COUPON.

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Intentional emotional stress  
on my wife and kids

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Mr. & Miss Solomon & Jennifer Dixo -Miller is demanding a total discharge of the  
debt because, Mr & Miss Miller has tendered payment of the total amount and it was received  
and the terms of the contract was changed and accpted.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Nov day of 01, 20 18.

Signature of Plaintiff \_\_\_\_\_

Mailing Address 5357 Belfield Avenue

Philadelphia

Pa 19144

Telephone Number 267-226-4783

Fax Number (if you have one) 267-900-5828

E-mail Address solomon621@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this Nov day of 01, 2018, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_

11/012018

18-4647

This letter is directed honorable NITZA I QUINONES ALEJANDRO

This is Mr.& Mrs.Solomon Jennifer Dixon-Miller, I'm writing this letter to clarify some errors that was done during the filing of this case. My wife and I live in the same residence, and I am presently unemployed. As stated we have filled two seperate IFP's due to the fact, the clerk has instructed us to due so. As it relates to Mr.Orlando Antonio he is my Limited power of attorney, as he is not an licensed attorney. I'm requesting from the judge to allow Mr. Antonio to substitute on my behalf to argue the facts of my case. He has been handling all of my affairs concerning this issue.

Mr. & Mrs.Solomon & Jennifer Dixon-Miller

By: 